## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Δn	plication	or	Docket	Number
'nν	plication	OI.	DOCKEL	MOUNDER

109997

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		$\Box$					RATE	FEE	1 1	RATE	FEE	
FOR		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		minus 20=		*			X\$ 9=		OR	X\$18=	!.	
INDEPENDENT CLAIMS			( mi	nus 3 =	*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1770		
CLAMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						<b>Y</b>	SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *		Minus	** 0	(D)	=		X\$ 9=		OR	X\$18=	
AME	Independent •	TATION OF M	Minus	***	<u>2</u>	=		X40=		OR	X80=	-
	PIRST PRESEN	TAI TON OF IVI	)	·	CLATIVI		ا ل	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								ADDI1.1 LL				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		4		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total +	19	Minus		0	=	]	X\$ 9=		OR	X\$18=	
AME	Independent * FIRST PRESEN	TATION OF MI	Minus	***	FCI AIM	=	┨ [	X40=		OR	X80=	
	THOTTHESEN	TATION OF MIC		LINDLIN	CLAIVI	<u> </u>	] د	+135=		OR	+270=	•
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	-
		(Column 1)		(Colui		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	, , , , , , , , , , , , , , , , , , , ,	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	][	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total +		Minus	**		= '		X\$ 9=		OR	X\$18=	
	Independent +	TATION OF M	Minus	***	T CL AINA	=	11	X40=		OR	X80=	
L.	FIRST PRESEN	TATION OF MI	JUITLE DEF	ENDEN	LAIM		┙┟	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Number						er fou	nd in the app	ropriate box	in col	umn 1.	